

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

BUREAU OF DIRECT LICENSING AND REAL ESTATE NOTICE OF EMPLOYMENT OR TRANSFER OF PRIVATE DETECTIVE LICENSE

IMPORTANT: You must either be covered by your employer's liability policy or you must obtain your own \$2,000 bond. Do not mail this form until you are covered either by bond or insurance. An individual may act as a private detective when this properly completed form with the fee is in the mail to the Department.

PLEASE TYPE OR PRINT IN INK

SECTION A: TO BE COMPLETED BY PRIVATE DETECTIVE APPLICANT

LAST NAME	FIRST NAME	MI
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ENTER YOUR STREET ADDRESS (A post office box is not sufficient for licensing.):

Number	Street	Apt. #
City	State	Zip Code

DATE OF BIRTH:

month	day	year
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DAYTIME TELEPHONE NUMBER:

() _____

ENTER YOUR LICENSE NUMBER:

PLACE A CHECK MARK IN FRONT OF ONE OF THE FOLLOWING AND FILL IN THE BLANK, IF APPLICABLE:

Reason for completing this form:

- ☐ I am transferring from the employment of _____ to the agency listed on the reverse side.
- ☐ I am returning to work for _____
- ☐ I will work for more than one agency employer and the agency listed on the reverse side is in addition to the agency employer(s) the Department currently has on record.

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

\$ 10.00 Fee

For Receipting Use Only

OFFICE USE ONLY	
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<input type="checkbox"/> Transfer	<input type="checkbox"/> Bond
<input type="checkbox"/> Return to Work	<input type="checkbox"/> Insurance
<input type="checkbox"/> Added Employer	

Wisconsin Department of Regulation & Licensing

I do solemnly swear that the foregoing statements are true and correct. If it is necessary for me to carry a firearm or other dangerous weapon while on duty, I will secure permission to do so, as required by law, and file a "Firearm Certification of Proficiency" (Form #467) in the use of such weapon with the Department of Regulation and Licensing. I understand that failure to comply with the Wisconsin Statutes and the rules of the department may result in disciplinary action against my license.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

Date Commission Expires

SECTION B TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY

ENTER NAME OF EMPLOYING AGENCY EXACTLY AS IT APPEARS ON THE AGENCY'S LICENSE:

ENTER THE EMPLOYING AGENCY'S NUMBER AS IT APPEARS ON THE AGENCY'S LICENSE:

Number

Street

Apt. #

City

State

Zip Code

ENTER THE MAIN OFFICE TELEPHONE NUMBER:

(Include area code)

() _____

THIS STATEMENT MUST BE SIGNED by the sponsoring sole proprietor owner of the agency or by the officer or partner of a corporation or partnership who has been designated as the principal. Print or type name of person signing below.

This is to certify I will assume responsibility for the private detective applicant pursuant to the Department rules. I also certify that the private detective as required by sec. 440.26(4), Stats., is covered by one of the following:

☐ Our agency liability policy

☐ A \$2,000 bond which specifically covers the applicant and which I have verified.

Signature of Agency Sole Proprietor, Officer or Partner

Date

Subscribed and sworn before me this _____

day of _____, _____

Signature of Notary Public

Date Commission Expires